

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		4-19-00
O.I.P.E. CLASSIFIER	ZD		573
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	JB	10303	6-4

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	✓ 8/12/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓ ✓
21	○ ○
22	○ ○
23	○ ○
24	○ ○
25	○ ○
26	○ ○
27	○ ○
28	✓ ✓
29	✓ ✓
30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	○ ○
42	○ ○
43	○ ○
44	○ ○
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	Original
51	✓ 8/12/03
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
72	✓
73	✓
74	✓ ✓
75	○ ○
76	✓ ✓
77	✓
78	✓
79	✓
80	✓
81	○
82	✓
83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓ ✓
94	✓ ✓
95	○ ○
96	○ ○
97	○ ○
98	○ ○
99	
100	

Claim	Date
Final	Original
101	
102	
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If more than 150 claims or 10 actions
staple additional sheet here